PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

**Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0712 Deer Lodge Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 1 1 100.2 1.15 53 08/26/04 2 72 100 1 1.36 62 08/25/04 100 3 69.6 78 08/26/04 1 1.57 4 100 136 1.57 72 08/25/04 1 5 100 83.6 1.36 62 08/26/04 100 1 6 43.2 1.57 72 08/25/04 100 1 6A 9 0.00 72 08/25/04 100 7 8.2 0.95 19 08/25/04 1

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEMENT FO	R SCHOOL BUS TRANSPORTATION:
This claim	n is for the period beginning	_ and ending, 20

DATES:		February 1	5 to Stat	te Superint	endent		May 24 to State Superintendent				
COMPL	ETE THI	S CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TI	RANSPOR	TATION	<b>!:</b>	
This clain	n is for the	period beginning	ζ		,	20 and en	ding			, 20	
			n	nonth	day			month	Ċ	lay	
CERTIF	ICATION	<b>N</b> :									
The infor	mation on t	his form is comp	lete and a	ccurate to th	e best of my kn	owledge.					
Date			Signature	e, Chair, Board	d of Trustees						
County:			District:						District L	evel:	
39 Powe	ell		0713	Powell C	ounty H S	5			High S	School	
Percentage				Rate Per Mile	Capacity	Inspection		Days erated	Bus Driver's Social Security #		
100	CO	2	ĺ	95	0.95	47	09/01/04				
100	CO	28-C-1-4	2	108	0.95	48	07/31/04	<u> </u>			

PI

Percentage

100

#

15

#

15B

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Per Day

67

Per Mile

0.95

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State	
District	
County	

Social Security #

DUE DATES:		February 1	to Cou			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
	1 cordary to to state superintendent						SCHOOL				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:  This claim is for the period beginning											
CERTIFI	CATIO	N:									
The inform	nation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:										District Le	evel:
39 Powell 0717 Helmville Elem										Elemei	ntary
District Route Miles Rate							D	ays	Bus Driver's		

Capacity

24

Inspection

07/31/04

Operated

100

20

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

28

0.00

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation					
DUE DATES: First Semester February 1 to County Superintendent February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STAT	E REIME	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORT	ATION:			
This clain	n is for the	period beginning	g		,	20 and er	nding		, 20	•		
			me	onth	day		n	onth	day			
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	olete and ac	ccurate to the	e best of my kn	owledge.						
Date			Signature,	, Chair, Board	d of Trustees							
County:			District:						District Level:			
39 Powell 0718 Garrison Elem									Elementar	y		
Percentage # # Route				Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper	•	Bus Driver's Social Security #		

21

08/25/04

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim	is for the period beginning			_, 20	and ending _	a		, 20	·•	
	1	month	day			month		day		
CERTIFICATION:										
The information on this form is complete and accurate to the best of my knowledge.										
Date	Signatu	re, Chair, Boar	rd of Trustees							

39 Powell 0720 Avon Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 29 80.2 0.95 22 08/06/04 2 100 64 08/06/04 29 0.95 30